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APPLICANTS

Andrew G. Myers, Boston, MA;

Alleyn T. Plowright, Manchester, UNITED KINGDOM;

**** CONTINUING DATA *******

This application is a DIV of 10/011,466 11/05/2001 PAT 6,809,099
 which claims benefit of 60/245,888 11/03/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>Richard K. Myers</u> Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 15	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
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ADDRESS

24280
 CHOATE, HALL & STEWART LLP
 EXCHANGE PLACE
 53 STATE STREET
 BOSTON, MA
 02109

TITLE

Saframycins, analogues and uses thereof

FILING FEE RECEIVED 491	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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